

ENROLL NOW

Protect Your Loved Ones and Your Income

ROCKY HILL PUBLIC SCHOOLS

**Optional Life
Optional Dependent Life**

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102

ROCKY HILL PUBLIC SCHOOLS

Insurance Benefit Summary

Dear Valued Employee:

ROCKY HILL PUBLIC SCHOOLS is very pleased to offer you an opportunity to purchase optional coverage from The Prudential Insurance Company of America. The pages that follow this letter describe the additional insurance that you may purchase.

Your coverage will begin on the effective date of coverage if you are actively at work. If you apply for an amount that requires evidence of good health, your coverage will be effective on the date of approval for the amount requiring evidence if you are actively at work on that date. Otherwise, your coverage will begin on the date you return to active work. See your Booklet-Certificate for details.

Peace of Mind from Prudential

Prudential's resources, financial strength, and stability allow us to honor our long-term commitments. That means that we'll be here when you and your family need us. We've been a top insurance provider for over 130 years. Plus, we have the advanced technology and caring professionals to provide your beneficiaries with the kind of customer support they want and deserve. Our Customer Service Representatives are well-trained, knowledgeable professionals who can quickly answer your family's questions. By choosing Prudential, you give yourself peace of mind, knowing you are providing for your loved ones (www.prudential.com).

For more information about Prudential's Group Insurance, visit us online at: www.prudential.com/gi

Enrolling is easy!

Simply complete the following enrollment form and return it. Don't miss out on this valuable employee benefit!

What does group life insurance offer my family?

The choices for coverage available to you include the following special features.

Accelerated Benefit Option - If terminally ill, you can get a partial payment of your group term life insurance benefit. You can use this payment as you see fit. In the event of your death, your beneficiary will receive the benefit payout which has been reduced by the amount you receive.

Waiver of Premium - Payment of your premium can be waived if you meet certain conditions. The Waiver of Premium Benefit terminates at Age 65. This provision may vary by state.

Conversion to Individual Insurance Coverage - Upon termination of employment, you may convert your coverage to a Prudential individual life insurance policy, without having to provide evidence of good health.

Portability of Group Insurance Coverage - Upon termination of employment, you may continue a certain level of your employee and dependent coverage, without having to provide evidence of good health.

How much Life Insurance do I need?

The Consumer Federation of America (CFA, 1997) **recommends 6 to 8 times your income** for a married couple with children. While rules of thumb may be helpful, they do not take each individual's personal situation into consideration. Please use our needs calculator to evaluate how much you & your family may need. You can find our calculator by visiting www.prudential.com/howmuchdoineed.

Optional Employee Term Life

If you are enrolled in Basic Life, you may also enroll in Optional Employee Term Life. You may elect to purchase coverage amounts in increments of \$10,000 from \$10,000 to \$500,000, not to exceed 7 times your covered annual earnings.

- During the initial enrollment period get up to \$200,000 - no medical questions asked - when enrolling when first eligible. If you choose a coverage amount over \$200,000, you will need to provide evidence of insurability satisfactory to Prudential.
- During annual enrollment periods, if you have not been previously denied coverage, you may select to increase your current coverage amount by up to \$40,000, without providing evidence of insurability satisfactory to Prudential.
- Late entrants are required to provide evidence of insurability satisfactory to Prudential to enroll in all coverage amounts. A late entrant is someone who is enrolling more than 31 days after they were first eligible.
- Coverage will not reduce as you age.

Optional Term Life Insurance For You

To determine the monthly cost of your coverage, please see the chart below.

Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000	\$120,000	\$130,000
0-19	\$0.43	\$0.86	\$1.29	\$1.72	\$2.15	\$2.58	\$3.01	\$3.44	\$3.87	\$4.30	\$4.73	\$5.16	\$5.59
20-24	\$0.43	\$0.86	\$1.29	\$1.72	\$2.15	\$2.58	\$3.01	\$3.44	\$3.87	\$4.30	\$4.73	\$5.16	\$5.59
25-29	\$0.51	\$1.02	\$1.53	\$2.04	\$2.55	\$3.06	\$3.57	\$4.08	\$4.59	\$5.10	\$5.61	\$6.12	\$6.63
30-34	\$0.68	\$1.36	\$2.04	\$2.72	\$3.40	\$4.08	\$4.76	\$5.44	\$6.12	\$6.80	\$7.48	\$8.16	\$8.84
35-39	\$0.77	\$1.54	\$2.31	\$3.08	\$3.85	\$4.62	\$5.39	\$6.16	\$6.93	\$7.70	\$8.47	\$9.24	\$10.01
40-44	\$0.85	\$1.70	\$2.55	\$3.40	\$4.25	\$5.10	\$5.95	\$6.80	\$7.65	\$8.50	\$9.35	\$10.20	\$11.05
45-49	\$1.28	\$2.56	\$3.84	\$5.12	\$6.40	\$7.68	\$8.96	\$10.24	\$11.52	\$12.80	\$14.08	\$15.36	\$16.64
50-54	\$1.96	\$3.92	\$5.88	\$7.84	\$9.80	\$11.76	\$13.72	\$15.68	\$17.64	\$19.60	\$21.56	\$23.52	\$25.48
55-59	\$3.67	\$7.34	\$11.01	\$14.68	\$18.35	\$22.02	\$25.69	\$29.36	\$33.03	\$36.70	\$40.37	\$44.04	\$47.71
60-64	\$5.63	\$11.26	\$16.89	\$22.52	\$28.15	\$33.78	\$39.41	\$45.04	\$50.67	\$56.30	\$61.93	\$67.56	\$73.19
65-69	\$10.84	\$21.68	\$32.52	\$43.36	\$54.20	\$65.04	\$75.88	\$86.72	\$97.56	\$108.40	\$119.24	\$130.08	\$140.92
70-74	\$17.58	\$35.16	\$52.74	\$70.32	\$87.90	\$105.48	\$123.06	\$140.64	\$158.22	\$175.80	\$193.38	\$210.96	\$228.54
75-79	\$17.58	\$35.16	\$52.74	\$70.32	\$87.90	\$105.48	\$123.06	\$140.64	\$158.22	\$175.80	\$193.38	\$210.96	\$228.54
80-84	\$17.58	\$35.16	\$52.74	\$70.32	\$87.90	\$105.48	\$123.06	\$140.64	\$158.22	\$175.80	\$193.38	\$210.96	\$228.54
85+	\$17.58	\$35.16	\$52.74	\$70.32	\$87.90	\$105.48	\$123.06	\$140.64	\$158.22	\$175.80	\$193.38	\$210.96	\$228.54

Age	\$140,000	\$150,000	\$160,000	\$170,000	\$180,000	\$190,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
0-19	\$6.02	\$6.45	\$6.88	\$7.31	\$7.74	\$8.17	\$8.60	\$10.75	\$12.90	\$15.05	\$17.20	\$19.35	\$21.50
20-24	\$6.02	\$6.45	\$6.88	\$7.31	\$7.74	\$8.17	\$8.60	\$10.75	\$12.90	\$15.05	\$17.20	\$19.35	\$21.50
25-29	\$7.14	\$7.65	\$8.16	\$8.67	\$9.18	\$9.69	\$10.20	\$12.75	\$15.30	\$17.85	\$20.40	\$22.95	\$25.50
30-34	\$9.52	\$10.20	\$10.88	\$11.56	\$12.24	\$12.92	\$13.60	\$17.00	\$20.40	\$23.80	\$27.20	\$30.60	\$34.00
35-39	\$10.78	\$11.55	\$12.32	\$13.09	\$13.86	\$14.63	\$15.40	\$19.25	\$23.10	\$26.95	\$30.80	\$34.65	\$38.50
40-44	\$11.90	\$12.75	\$13.60	\$14.45	\$15.30	\$16.15	\$17.00	\$21.25	\$25.50	\$29.75	\$34.00	\$38.25	\$42.50
45-49	\$17.92	\$19.20	\$20.48	\$21.76	\$23.04	\$24.32	\$25.60	\$32.00	\$38.40	\$44.80	\$51.20	\$57.60	\$64.00
50-54	\$27.44	\$29.40	\$31.36	\$33.32	\$35.28	\$37.24	\$39.20	\$49.00	\$58.80	\$68.60	\$78.40	\$88.20	\$98.00
55-59	\$51.38	\$55.05	\$58.72	\$62.39	\$66.06	\$69.73	\$73.40	\$91.75	\$110.10	\$128.45	\$146.80	\$165.15	\$183.50
60-64	\$78.82	\$84.45	\$90.08	\$95.71	\$101.34	\$106.97	\$112.60	\$140.75	\$168.90	\$197.05	\$225.20	\$253.35	\$281.50
65-69	\$151.76	\$162.60	\$173.44	\$184.28	\$195.12	\$205.96	\$216.80	\$271.00	\$325.20	\$379.40	\$433.60	\$487.80	\$542.00
70-74	\$246.12	\$263.70	\$281.28	\$298.86	\$316.44	\$334.02	\$351.60	\$439.50	\$527.40	\$615.30	\$703.20	\$791.10	\$879.00
75-79	\$246.12	\$263.70	\$281.28	\$298.86	\$316.44	\$334.02	\$351.60	\$439.50	\$527.40	\$615.30	\$703.20	\$791.10	\$879.00
80-84	\$246.12	\$263.70	\$281.28	\$298.86	\$316.44	\$334.02	\$351.60	\$439.50	\$527.40	\$615.30	\$703.20	\$791.10	\$879.00
85+	\$246.12	\$263.70	\$281.28	\$298.86	\$316.44	\$334.02	\$351.60	\$439.50	\$527.40	\$615.30	\$703.20	\$791.10	\$879.00

Optional Spouse Term Life

If you are electing Optional Life coverage, you may also elect Dependent Term Life Insurance for your spouse. Purchase coverage for your spouse in increments of \$5,000 from \$5,000 to \$250,000, not to exceed 50% of your Optional Life coverage amount.

- During the initial enrollment period get up to \$20,000 - no medical questions asked - when enrolling when first eligible. If you choose a coverage amount over \$20,000, you will need to provide evidence of insurability satisfactory to Prudential.
- Late entrants are required to provide evidence of insurability satisfactory to Prudential to enroll in all coverage amounts. A late entrant is someone who is enrolling more than 31 days after they were first eligible.
- If your spouse or other dependent is confined for medical care or treatment at home or elsewhere, coverage will begin when confinement ends.
- Spouse coverage will not reduce as the employee ages.

Optional Term Life For Your Spouse

To determine the monthly cost of your spouse's coverage, please see the chart below.

Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	\$55,000	\$60,000	\$65,000
0-19	\$0.22	\$0.43	\$0.65	\$0.86	\$1.08	\$1.29	\$1.51	\$1.72	\$1.94	\$2.15	\$2.37	\$2.58	\$2.80
20-24	\$0.22	\$0.43	\$0.65	\$0.86	\$1.08	\$1.29	\$1.51	\$1.72	\$1.94	\$2.15	\$2.37	\$2.58	\$2.80
25-29	\$0.26	\$0.51	\$0.77	\$1.02	\$1.28	\$1.53	\$1.79	\$2.04	\$2.30	\$2.55	\$2.81	\$3.06	\$3.32
30-34	\$0.34	\$0.68	\$1.02	\$1.36	\$1.70	\$2.04	\$2.38	\$2.72	\$3.06	\$3.40	\$3.74	\$4.08	\$4.42
35-39	\$0.39	\$0.77	\$1.16	\$1.54	\$1.93	\$2.31	\$2.70	\$3.08	\$3.47	\$3.85	\$4.24	\$4.62	\$5.01
40-44	\$0.43	\$0.85	\$1.28	\$1.70	\$2.13	\$2.55	\$2.98	\$3.40	\$3.83	\$4.25	\$4.68	\$5.10	\$5.53
45-49	\$0.64	\$1.28	\$1.92	\$2.56	\$3.20	\$3.84	\$4.48	\$5.12	\$5.76	\$6.40	\$7.04	\$7.68	\$8.32
50-54	\$0.98	\$1.96	\$2.94	\$3.92	\$4.90	\$5.88	\$6.86	\$7.84	\$8.82	\$9.80	\$10.78	\$11.76	\$12.74
55-59	\$1.84	\$3.67	\$5.51	\$7.34	\$9.18	\$11.01	\$12.85	\$14.68	\$16.52	\$18.35	\$20.19	\$22.02	\$23.86
60-64	\$2.82	\$5.63	\$8.45	\$11.26	\$14.08	\$16.89	\$19.71	\$22.52	\$25.34	\$28.15	\$30.97	\$33.78	\$36.60
65-69	\$5.42	\$10.84	\$16.26	\$21.68	\$27.10	\$32.52	\$37.94	\$43.36	\$48.78	\$54.20	\$59.62	\$65.04	\$70.46
70-74	\$8.79	\$17.58	\$26.37	\$35.16	\$43.95	\$52.74	\$61.53	\$70.32	\$79.11	\$87.90	\$96.69	\$105.48	\$114.27
75-79	\$8.79	\$17.58	\$26.37	\$35.16	\$43.95	\$52.74	\$61.53	\$70.32	\$79.11	\$87.90	\$96.69	\$105.48	\$114.27
80-84	\$8.79	\$17.58	\$26.37	\$35.16	\$43.95	\$52.74	\$61.53	\$70.32	\$79.11	\$87.90	\$96.69	\$105.48	\$114.27
85+	\$8.79	\$17.58	\$26.37	\$35.16	\$43.95	\$52.74	\$61.53	\$70.32	\$79.11	\$87.90	\$96.69	\$105.48	\$114.27

Age	\$70,000	\$75,000	\$80,000	\$85,000	\$90,000	\$95,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
0-19	\$3.01	\$3.23	\$3.44	\$3.66	\$3.87	\$4.09	\$4.30	\$5.38	\$6.45	\$7.53	\$8.60	\$9.68	\$10.75
20-24	\$3.01	\$3.23	\$3.44	\$3.66	\$3.87	\$4.09	\$4.30	\$5.38	\$6.45	\$7.53	\$8.60	\$9.68	\$10.75
25-29	\$3.57	\$3.83	\$4.08	\$4.34	\$4.59	\$4.85	\$5.10	\$6.38	\$7.65	\$8.93	\$10.20	\$11.48	\$12.75
30-34	\$4.76	\$5.10	\$5.44	\$5.78	\$6.12	\$6.46	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00
35-39	\$5.39	\$5.78	\$6.16	\$6.55	\$6.93	\$7.32	\$7.70	\$9.63	\$11.55	\$13.48	\$15.40	\$17.33	\$19.25
40-44	\$5.95	\$6.38	\$6.80	\$7.23	\$7.65	\$8.08	\$8.50	\$10.63	\$12.75	\$14.88	\$17.00	\$19.13	\$21.25
45-49	\$8.96	\$9.60	\$10.24	\$10.88	\$11.52	\$12.16	\$12.80	\$16.00	\$19.20	\$22.40	\$25.60	\$28.80	\$32.00
50-54	\$13.72	\$14.70	\$15.68	\$16.66	\$17.64	\$18.62	\$19.60	\$24.50	\$29.40	\$34.30	\$39.20	\$44.10	\$49.00
55-59	\$25.69	\$27.53	\$29.36	\$31.20	\$33.03	\$34.87	\$36.70	\$45.88	\$55.05	\$64.23	\$73.40	\$82.58	\$91.75
60-64	\$39.41	\$42.23	\$45.04	\$47.86	\$50.67	\$53.49	\$56.30	\$70.38	\$84.45	\$98.53	\$112.60	\$126.68	\$140.75
65-69	\$75.88	\$81.30	\$86.72	\$92.14	\$97.56	\$102.98	\$108.40	\$135.50	\$162.60	\$189.70	\$216.80	\$243.90	\$271.00
70-74	\$123.06	\$131.85	\$140.64	\$149.43	\$158.22	\$167.01	\$175.80	\$219.75	\$263.70	\$307.65	\$351.60	\$395.55	\$439.50
75-79	\$123.06	\$131.85	\$140.64	\$149.43	\$158.22	\$167.01	\$175.80	\$219.75	\$263.70	\$307.65	\$351.60	\$395.55	\$439.50
80-84	\$123.06	\$131.85	\$140.64	\$149.43	\$158.22	\$167.01	\$175.80	\$219.75	\$263.70	\$307.65	\$351.60	\$395.55	\$439.50
85+	\$123.06	\$131.85	\$140.64	\$149.43	\$158.22	\$167.01	\$175.80	\$219.75	\$263.70	\$307.65	\$351.60	\$395.55	\$439.50

All benefit features may not be available in all states. Premiums may increase as you age. Cost of insurance for all coverages, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

Optional Child Term Life

If you are electing Optional Life coverage, you may also elect Dependent Term Life Insurance for your child(ren). Purchase coverage for your child(ren) in the amount of \$10,000, not to exceed 50% of your Optional Life coverage amount.

- There are no health requirements for this coverage.
- Your children include your natural children, legally adopted children, stepchildren and foster children who depend on you for support. Child Dependent Term Life coverage has one rate that covers all eligible children.
- Eligible children are unmarried from 14 days, up to age 19, or up to age 25 if a full-time student at an accredited college/university.

Optional Term Life for Your Child(ren)

To determine the monthly cost of your child(ren)'s coverage, please see the chart below.

Monthly Cost
\$1.07

All benefit features may not be available in all states. Premiums may increase as you age. Cost of insurance for all coverages, may increase or decrease in the future based upon the claims experience of participants. All provisions that apply to this coverage are governed by the Certificate. Rates may be subject to change. Rates will not be changed on an individual basis.

Group Life Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102.

The Booklet-Certificate contains all details, including any policy exclusions, limitations and restrictions, which may apply. Contract Series: 83500.

IMPORTANT NOTICE - THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Accelerated Death Benefit option is a feature that is made available to group life insurance participants. It is not a health, nursing home, or long-term care insurance benefit and is not designed to eliminate the need for those types of insurance coverage. The death benefit is reduced by the amount of the accelerated death benefit paid. There is no administrative fee to accelerate benefits. Receipt of accelerated death benefits may affect eligibility for public assistance and may be taxable. The federal income tax treatment of payments made under this rider depends upon whether the insured is the recipient of the benefits and is considered ["terminally ill" or "chronically ill."] You may wish to seek professional tax advice before exercising this option.

The Prudential Insurance Company of America

751 Broad Street, Newark, New Jersey 07102

1-877-232-3619

General Information(Employee)		Effective Date of Coverage(for office use only) ____/____/____		
Last Name	First Name	Middle Initial	Email	Phone
Address		City	State	Zip Code
Social Security No.	Marital Status		Date of Birth	
____ - ____ - ____	<input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	Month Day Year ____/____/____	
Date Employed Month Day Year	Your Annual Earnings	Spouse Date of Birth Month Day Year	(For Prudential Use Only)	
____/____/____	\$ ____	____/____/____	Control # ____	

Optional Term Life

Coverage amount chosen:\$ _____ **Payroll deduction:**\$ _____

Yes, I have smoked or used other forms of tobacco during the last 12 months.

No, I have not smoked or used other forms of tobacco during the last 12 months.

No coverage chosen.

Optional Dependent Term Life

You must be enrolled for Optional Term Life to elect coverage for your dependents. Spouse coverage cannot exceed 50% of your Optional Term Life coverage amount. Child(ren) coverage cannot exceed 50% of your Optional Term Life coverage amount.

Spouse/Domestic Partner	Children
<input type="checkbox"/> Coverage amount chosen: \$ _____	<input type="checkbox"/> Coverage amount chosen: \$ _____
Payroll deduction: \$ _____	Payroll deduction: \$ _____
<input type="checkbox"/> Yes, my spouse has smoked or used other forms of tobacco during the last 12 months.	
<input type="checkbox"/> No, my spouse has not smoked or used other forms of tobacco during the last 12 months.	
<input type="checkbox"/> No coverage chosen	<input type="checkbox"/> No coverage chosen

Employee General Information			
Last Name	First Name	Middle Initial	Social Security No.
_____	_____	_____	____ - ____ - ____

Group Life coverages are issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102. Life Claims: 1-800-524-0542 and Disability Support 1-800-290-5903. Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the certificate will govern. Contract provisions may vary by state. California COA #1179, NAIC#68241. Contract Series: 83500.

Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.

Employee General Information

Last Name	First Name	Middle Initial	Social Security No.
_____	_____	_____	____ - ____ - ____

Acceptance or Waiver of Coverage

FOR RESIDENTS OF ALL STATES EXCEPT ALABAMA, DISTRICT OF COLUMBIA, FLORIDA, KENTUCKY, MARYLAND, NEW JERSEY, NEW YORK, PENNSYLVANIA, RHODE ISLAND, UTAH, VERMONT, VIRGINIA AND WASHINGTON; WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is/may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

ALABAMA RESIDENTS – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

DISTRICT OF COLUMBIA and RHODE ISLAND RESIDENTS—Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

KENTUCKY RESIDENTS—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MARYLAND RESIDENTS—Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS—Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PENNSYLVANIA AND UTAH RESIDENTS—Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VERMONT RESIDENTS—Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

VIRGINIA RESIDENTS—Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto.

WASHINGTON RESIDENTS—Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. There is no administrative fee to accelerate death benefits. The accelerated amount is not discounted.

Employee General Information			
Last Name	First Name	Middle Initial	Social Security No.
_____			____ - ____ - ____
<p>FLORIDA RESIDENTS—Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.</p>			
Employee Signature _____		Date (Month/Day/Year) ____/____/____	

You must also complete a separate beneficiary designation form.

Beneficiary Designation - ROCKY HILL PUBLIC SCHOOLS

Control # 32879

Employee General Information			
Last Name	First Name	Middle Initial	Social Security No.

Employee/Applicant Beneficiary Designations (to be completed by employee/applicant or assignee, if assigned)

Please designate at least one primary beneficiary. Use a separate sheet if you want to name more than two primary beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields. Do not name a beneficiary for Dependent Term Life Coverage; these benefits are paid to you while living. If more than one primary beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living, unless their shares are specified. If there is no named beneficiary, or no beneficiary survives the insured, settlement will be made in accordance with the terms of your Group Contract.

Optional Life — Primary beneficiaries:

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip

Check one, if applicable:	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Corporation	Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage	
Street Address	City	State	Zip	

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip

Check one, if applicable:	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Corporation	Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage	
Street Address	City	State	Zip	

Optional Life — Contingent Beneficiary Designation - Death benefits will be paid to the contingent beneficiaries if the primary beneficiary(ies) is not alive. Use a separate sheet if you want to name more than two contingent beneficiaries. If designating a Trust, Estate, or Corporation, please complete the corresponding fields.

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip

Check one, if applicable:	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Corporation	Entity Name:
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage	
Street Address	City	State	Zip	

Beneficiary Designation - ROCKY HILL PUBLIC SCHOOLS

Control # 32879

Last Name	First Name	MI	Telephone Number
Social Security Number	Date of Birth	Relationship	Percentage
Street Address	City	State	Zip
Check one, if applicable:	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Corporation
Entity Name:			
Tax ID #/Tax Exempt #	Creation/Incorporation/Formation Date	Telephone Number	Percentage
Street Address	City	State	Zip

The above beneficiary designation only applies to: Optional Term Life

Employee Signature _____

Date (Month/Day/Year) ____/____/____

If you have any questions, please see Human Resources for details.

Group Optional DependentLife,Optional Life coverages are issued by The Prudential Insurance Company of America, 751 Broad Street, Newark, NJ 07102. Life Claims: 800-524-0542 Please refer to the Booklet-Certificate, which is made a part of the Group Contract, for all plan details, including any exclusions, limitations and restrictions which may apply. If there is a discrepancy between this document and the Booklet-Certificate/Group Contract issued by Prudential, the terms of the Group Contract will govern. Contract provisions may vary by state. Contract series: {83500} . Prudential, the Prudential logo and the Rock symbol are service marks of Prudential Financial, Inc. and its related entities, registered in many jurisdictions worldwide.

Important Notice: For residents of all states except Florida, New Jersey, New York, Pennsylvania, Utah, Vermont, Virginia and Washington: Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive, or misleading facts or information when filing an insurance application or a statement of claim for payment of a loss or benefit commits a fraudulent insurance act, is or may be guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto. **Florida Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree. **New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This notice ONLY applies to accident and disability income coverage. **Pennsylvania and Utah Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **Vermont Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law. **Virginia Residents:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company or other person, or knowing that he is facilitating commission of a fraud, submits incomplete, false, fraudulent, deceptive or misleading facts or information when filing a statement of claim for payment of a loss or benefit may have violated state law, is guilty of a crime and may be prosecuted and punished under state law. Penalties may include fines, civil damages and criminal penalties, including confinement in prison. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant or if the applicant conceals, for the purpose of misleading, information concerning any fact material thereto. **Washington Residents:** Any person who knowingly provides false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company commits a crime. Penalties include imprisonment, fines, and denial of insurance benefits.

Please keep a copy of this form for your records.

Group Life coverage is issued by The Prudential Insurance Company of America, a New Jersey company, 751 Broad Street, Newark, NJ 07102.

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This Notice is for your information and records. Please do not return it.

Group Life and Disability Income Medical Underwriting NOTICE

Thank you for choosing The Prudential Insurance Company of America (Prudential) for your insurance needs. Before we can issue coverage we must review your application/enrollment form. To do this, we need to collect and evaluate personal information about you. This notice is being provided to inform you of certain information practices Prudential engages in, and your rights, with regard to your personal information. We would like you to know that:

- Personal information may be collected from persons other than yourself or other individuals, if applicable, proposed for coverage;
- This personal information as well as other personal or privileged information subsequently collected by us may in certain circumstances be disclosed to third parties without authorization;
- You have a right of access and correction with respect to personal information we collect about you; and
- Upon request from you, we will provide you with a more detailed notice of our information practices and your rights with respect to such information. Should you wish to receive this notice, please contact:

The Prudential Insurance Company of America
Group Medical Underwriting
P.O. Box 8796
Philadelphia, PA 19176

Any information we obtain regarding a person's insurability will be treated as confidential. We may, however, make a brief report of it to the Medical Information Bureau (the Bureau), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. When you apply for life, disability, or health insurance to any company, including Prudential, which is a member of the Bureau, or submit a claim for benefits to such a company, the Bureau will, on request, give the company the information in its files. In addition, upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If the information came from the Bureau and you question the accuracy of the information in the Bureau's files, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: P.O. Box 105, Essex Station, Boston, MA 02112, (617) 426-3660.